

Review of compliance

<p>Four Seasons Homes No 4 Limited North Court Care Home</p>	
<p>Region:</p>	<p>East</p>
<p>Location address:</p>	<p>108 Northgate Street Bury St Edmunds Suffolk IP33 1HS</p>
<p>Type of service:</p>	<p>Care home service with nursing Care home service without nursing</p>
<p>Date of Publication:</p>	<p>July 2012</p>
<p>Overview of the service:</p>	<p>The provider is registered to provide the regulated activities of 'Accommodation for persons who require nursing or personal care', 'Diagnostic and screening procedures' and 'Treatment of disease, disorder or injury.' The home is able to accommodate up to a maximum of 65 people. Some people using the service have specific care needs due to having dementia.</p>

Summary of our findings for the essential standards of quality and safety

Our current overall judgement

North Court Care Home was not meeting one or more essential standards. Action is needed.

The summary below describes why we carried out this review, what we found and any action required.

Why we carried out this review

We carried out this review because concerns were identified in relation to:

- Outcome 01 - Respecting and involving people who use services
- Outcome 04 - Care and welfare of people who use services
- Outcome 07 - Safeguarding people who use services from abuse
- Outcome 08 - Cleanliness and infection control
- Outcome 13 - Staffing
- Outcome 14 - Supporting staff

How we carried out this review

We reviewed all the information we hold about this provider, carried out a visit on 3 July 2012, checked the provider's records, observed how people were being cared for, looked at records of people who use services, talked to staff, reviewed information from stakeholders and talked to people who use services.

What people told us

We spoke with people using the service throughout our inspection on 3 July 2012. We also spoke with five relatives by telephone.

Comments received were generally positive about the quality of service provided. Three people using the service told us that they felt safe and that the food was good. Another person responded positively to our questions about care provided by the staff.

We spoke to five relatives by telephone. Three stated that they were happy with the care their relative received, for example "Staff communicate any problems to me promptly and they seem to know my relative well. When I visit, my relative tends to be in the lounge watching television and they are usually calm. It would be good if they could have more interaction and activities."

Two people expressed some concerns, "My relative rarely leaves their room. I feel that they would benefit from being able to access a communal area."

Another relative told us, "Cleaning has become an issue of late and there is often an

overpowering smell of urine when I visit. I think that personal care could be better. Many staff, especially at night, do not speak English as a first language which, I feel, can be confusing for people living with dementia. Staff seem very rushed and do not have time to spend interacting with people who use the service."

What we found about the standards we reviewed and how well North Court Care Home was meeting them

Outcome 01: People should be treated with respect, involved in discussions about their care and treatment and able to influence how the service is run

The provider was not meeting this standard. We judged that this had a minor impact on people using the service.

Outcome 04: People should get safe and appropriate care that meets their needs and supports their rights

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: People should be protected from abuse and staff should respect their human rights

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 08: People should be cared for in a clean environment and protected from the risk of infection

The provider was not meeting this standard. We judged that this had a moderate impact on people.

Outcome 13: There should be enough members of staff to keep people safe and meet their health and welfare needs

The provider was not meeting this standard. We judged that this had a moderate impact on people.

Outcome 14: Staff should be properly trained and supervised, and have the chance to develop and improve their skills

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Actions we have asked the service to take

We have asked the provider to send us a report within 14 days of them receiving this report, setting out the action they will take. We will check to make sure that this action has been taken.

Where we have concerns we have a range of enforcement powers we can use to protect the safety and welfare of people who use this service. When we propose to take enforcement action, our decision is open to challenge by a registered person through a variety of internal and external appeal processes. We will publish a further report on any action we have taken.

Other information

Please see previous reports for more information about previous reviews.

**What we found
for each essential standard of quality
and safety we reviewed**

The following pages detail our findings and our regulatory judgement for each essential standard and outcome that we reviewed, linked to specific regulated activities where appropriate.

We will have reached one of the following judgements for each essential standard.

Compliant means that people who use services are experiencing the outcomes relating to the essential standard.

Where we judge that a provider is non-compliant with a standard, we make a judgement about whether the impact on people who use the service (or others) is minor, moderate or major:

A minor impact means that people who use the service experienced poor care that had an impact on their health, safety or welfare or there was a risk of this happening. The impact was not significant and the matter could be managed or resolved quickly.

A moderate impact means that people who use the service experienced poor care that had a significant effect on their health, safety or welfare or there was a risk of this happening. The matter may need to be resolved quickly.

A major impact means that people who use the service experienced poor care that had a serious current or long term impact on their health, safety and welfare, or there was a risk of this happening. The matter needs to be resolved quickly.

Where we identify compliance, no further action is taken. Where we have concerns, the most appropriate action is taken to ensure that the necessary changes are made.

More information about each of the outcomes can be found in the *Guidance about compliance: Essential standards of quality and safety*

Outcome 01: Respecting and involving people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

- * Understand the care, treatment and support choices available to them.
- * Can express their views, so far as they are able to do so, and are involved in making decisions about their care, treatment and support.
- * Have their privacy, dignity and independence respected.
- * Have their views and experiences taken into account in the way the service is provided and delivered.

What we found

Our judgement

The provider is non-compliant with Outcome 01: Respecting and involving people who use services. We have judged that this has a minor impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke with two people using the service about the care they received. One told us that staff spoke to them with respect and that they were able to make choices around when they wished to get up and what they preferred to eat. One person told us that they felt staff worked hard and were very rushed in attending to everyone's needs. They stated, "If there is an emergency staff are quick to attend, but it would be nice if staff could spend more time chatting with people. I spend most of my time in my room because I feel that I am being in a burden on staff if I ask to go to the lounge."

Other evidence

We looked at six care plans during our visit on 3 July 2012. Care records were written in a person centred way, although they did not focus on people's strengths. This meant that the service could not be sure that it was delivering care to people in the way that they preferred. Information from people's families was available but it was not always clear that relatives had been involved in deciding what care best suited their loved one. Life histories have been noted for most people, although there was little evidence to show that this information had been used to influence the way that people received their care.

During our visit we observed that staff members were polite and attentive. However, we noted that staff did not interact for very long with most people as they were busy meeting people's immediate care needs. Almost all of the 32 people on the second floor remained in their rooms for the entirety of our nine hour inspection. Staff told us that they asked people if they would like to go to the lounge but that they preferred to stay in their rooms.

Peoples' rooms were mostly personalised and homely but we saw five rooms without pictures or decoration. We noted that, in one case, this met with the wishes of the person receiving care and this was documented in the care plan. However this was not the case for the other four people. Given that staff did not have time for much social interaction and since some people spend a lot of time in their own rooms, this lack of sensory stimulation did not enhance people's quality of life.

Staff members were present in the dining area to assist people where necessary at breakfast and lunchtime.

We spent some time with people using the service in their lounge area. The television was on and loud music was playing in the kitchen which may not have been everyone's choice of background noise.

We noted that no social activities were offered on the day of our inspection. Staff confirmed that there is currently no activities co-ordinator in post, but that recruitment is underway.

Our judgement

The provider was not meeting this standard. We judged that this had a minor impact on people using the service.

Outcome 04: Care and welfare of people who use services

What the outcome says

This is what people who use services should expect.

People who use services:

* Experience effective, safe and appropriate care, treatment and support that meets their needs and protects their rights.

What we found

Our judgement

The provider is compliant with Outcome 04: Care and welfare of people who use services

Our findings

What people who use the service experienced and told us

During our visit people told us that staff were kind and that they worked hard to meet people's needs. One person felt that, due to staff shortages at times, people using the service did not receive much social interaction.

Other evidence

We spoke with five relatives of people using the service. Three told us that they were happy with the care that was provided. One person commented, "Staff are helpful and reassuring. They are attentive and caring."

Two family members mentioned that they were not aware of 'end of life' care planning and that they would like to find out more. The acting manager told us that the service was working towards achieving the Golden Standard for Palliative Care. This is a scheme which aims to improve the support and care given to people who are nearing the end of their life.

Assessments were completed to assess people's needs before they moved into the service so they could ensure staff had the skills and knowledge to properly care for people. Additional assessments had been completed for risks routinely associated for people living in care homes, including nutrition, moving and handling, mental capacity and skin integrity. We saw evidence that most risk assessments had been reviewed within the last three months.

We reviewed eight care plans and noted that these provided staff members with up to

date guidance regarding how to meet people's needs. We saw care plans contained numerous sections and so it was not instantly clear how each person's care needs should be met. It would be hard for new and agency staff to quickly assimilate the information they needed relating to each person. We noted that the provider was changing to a more concise care planning format. The provider may like to note that our review of this new approach suggested that information about people's immediate needs would be clearer moving forward.

We noted that explicit information had been provided where people had lost significant amounts of weight, including how to best meet their dietary needs, their favourite foods and appropriate supplements. This was also the case where people had diabetes.

The service was awarded a bronze award in 2011 under the 'PEARL' accreditation scheme (this is a judgement about the standard of care provided for people with dementia). This award was re-confirmed in January 2012. This meant that people with dementia were receiving person-centred care from appropriately skilled staff.

There was clear information in people's care records to show they had received access to GPs, chiropodists and opticians. However there was less evidence of access to dental care. We noted that four care plans contained no recent information about visits to or by dentists. The provider might note that good oral health is important in order to promote all round health and wellbeing.

We attended a handover meeting between night and day staff at 7am on 3 July 2012. We observed sharing of detailed information relating to each individual using the service, including how people had slept, their emotional state and any immediate needs to be met. Staff spoke with dignity and respect about people using the service.

During our visit on 3 July 2012, we used the Short Observational Framework for this inspection (SOFI). SOFI is a specific way of observing care to help us understand the experiences of people who may not have been able to talk with us. We completed the SOFI in both the dining room downstairs and then upstairs.

There were 7 people using the service in the dining room for most of this time. We observed the way that staff interacted with individuals and noted how people seemed to be feeling. Most people appeared to be calm and content during the time that we sat with them. We witnessed a brief incident between two people using the service. Staff diffused the situation calmly and with respect for both individuals concerned. Some people were watching the television. Staff did not engage with three people during the time that we were observing. These three people sat quietly and looked around them for most of this time.

We also looked to observe the activities that people were engaged in upstairs. We noted that people were sitting or lying in their rooms during this time. We spoke with one person who told us that, as staff were so rushed, they did not like to bother them by requesting to go into the lounge. Staff confirmed that they asked people whether they would like to leave their rooms, but that they rarely wanted to. The service had no activities' co-ordinator, but the acting manager stated that recruitment was underway. The provider may like to note that we found people living in the home did not have enough to stimulate them throughout the day. This did not ensure that their well being in this respect was being met.

Our judgement

The provider was meeting this standard. People experienced care, treatment and support that met their needs and protected their rights.

Outcome 07: Safeguarding people who use services from abuse

What the outcome says

This is what people who use services should expect.

People who use services:

* Are protected from abuse, or the risk of abuse, and their human rights are respected and upheld.

What we found

Our judgement

The provider is compliant with Outcome 07: Safeguarding people who use services from abuse

Our findings

What people who use the service experienced and told us

People we spoke with gave a positive response when asked whether they felt safe.

Other evidence

Files we viewed showed that staff had received training in safeguarding people and staff we spoke with showed a good knowledge of the different types of abuse a vulnerable adult could face and of local reporting procedures.

Suitable safeguarding policies were in place and these were in line with the local authority safeguarding procedures.

We spoke to six members of staff who confirmed that they had received safeguarding training and that this was refreshed every year to keep their knowledge up to date. All staff were able to tell us how they would report any incidents and allegations of abuse. Most were aware that they could contact the local safeguarding team directly and, with prompting, were able to access the correct telephone number to refer a concern to the Local Authority.

We have evidence that incidents have been reported to the local safeguarding team and to the Care Quality Commission.

We saw evidence of safeguarding information in the entrance foyer and in staff rooms.

Our judgement

The provider was meeting this standard. People who use the service were protected from the risk of abuse, because the provider had taken reasonable steps to identify the possibility of abuse and prevent abuse from happening.

Outcome 08: Cleanliness and infection control

What the outcome says

Providers of services comply with the requirements of regulation 12, with regard to the Code of Practice for health and adult social care on the prevention and control of infections and related guidance.

What we found

Our judgement

The provider is non-compliant with Outcome 08: Cleanliness and infection control. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

We arrived at the service towards the end of the night shift on 3 July 2012. Upon entry to the building, we noted a strong smell of urine throughout all corridors and in peoples' rooms. We noted that soiled incontinence pads had not been appropriately disposed of in contaminated waste bins. Two soiled incontinence pads had been placed in hand basins in two peoples' bedrooms and also on top of a bin in a bathroom. This posed an infection control risk. We found urine on the toilet seat and on the floor in one bathroom. Flooring along corridors was sticky in places. This also posed an infection control risk.

We spoke with three night staff and five day time staff about cleanliness. Four staff members expressed some concern around keeping the premises clean. They stated that as cleaning staff finished duties after lunch, responsibility for cleaning then passed to care staff until the following morning. These four staff members went on to state that, as staffing levels have been inadequate recently, it has not always been possible to maintain cleanliness. The acting manager confirmed that the service aimed to increase the number of cleaning hours at the service in future.

We spoke to eight staff during our inspection and specifically asked whether any people using the service had high risk infections such as MRSA or c-difficile. Staff gave a variety of responses ranging from no-one having an infection to five people having one. Nursing staff were able to confirm this information. They stated that infection control procedures were in place for people affected, including use of personal hoist slings and specific laundry procedures. However, we were concerned that care plans did not

include this information and not all care staff knew who had an infection. There was therefore a risk that appropriate infection control procedures were not being followed and others (including staff and visitors) could be at risk of infection.

Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people.

Outcome 13: Staffing

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by sufficient numbers of appropriate staff.

What we found

Our judgement

The provider is non-compliant with Outcome 13: Staffing. We have judged that this has a moderate impact on people who use the service.

Our findings

What people who use the service experienced and told us

We spoke to people using the service but their feedback did not relate to this standard.

Other evidence

The acting manager confirmed that the service had not used agency staff to cover shortfalls in staff in the past eight years. However, staff told us that there have recently been issues with inadequate staffing levels, both during the daytime and particularly at night. Five staff members stated that on occasion, staffing levels have been very low with three care staff taking responsibility for the complex and often challenging needs of 32 people. Staff told us this posed a risk to people's welfare and safety as, at times, there have been inadequate numbers of trained staff to attend to people's care needs or to respond in an emergency.

Staff told us that it was sometimes difficult to find cover for rotas during periods of staff sickness and leave. Staff told us that they have not had time to provide social interaction with people using the service. They have not felt able to deliver the highest standards of care that they would wish to. Three staff members stated that, due to the need to carry out additional cleaning duties in the afternoons, the time that they have been able to spend giving care directly to people had been compromised.

The acting manager stated that new staff had been recruited, but that five staff members had recently decided to leave the service. The provider stated that new staff were being recruited and trained.

We saw no evidence of robust workforce planning in order to provide a basis for deciding whether staffing levels were sufficient.

Our judgement

The provider was not meeting this standard. We judged that this had a moderate impact on people.

Outcome 14: Supporting staff

What the outcome says

This is what people who use services should expect.

People who use services:

* Are safe and their health and welfare needs are met by competent staff.

What we found

Our judgement

The provider is compliant with Outcome 14: Supporting staff

Our findings

What people who use the service experienced and told us

People we spoke with said that they had confidence in the skills, knowledge and abilities of staff. They said that they had no concerns about how staff looked after them.

Other evidence

We saw that people with mental health needs were generally treated in an individual and warm way by staff. We observed that staff were skilled in dealing with challenging behaviour in a respectful and calm way.

The induction training programme provided staff with learning around all mandatory areas. Staff were observed giving care before they were deemed to be safe and competent to provide care and support to people who used the service.

Other staff training records examined showed there was a system in place to ensure that staff had attended training in fire safety, safe techniques in moving and handling, infection control and safeguarding vulnerable adults from abuse.

We saw evidence that staff received ongoing supervision and staff told us that this provided an opportunity to feedback concerns and issues to senior staff. However, the provider might like to ensure that records of supervisions are maintained. All seven staff members told us that managers were quick to make improvements where staff gave feedback and made suggestions around improving care.

Staff told us that staff meetings took place two or three times and year. We saw evidence of issues discussed at the most recent meeting and action resulting from

feedback to managers. The provider may wish to consider conducting regular staff meetings for all members of the team, including those who work on night duty.

Our judgement

The provider was meeting this standard. People were cared for by staff who were supported to deliver care and treatment safely and to an appropriate standard.

Action we have asked the provider to take

Compliance actions

The table below shows the essential standards of quality and safety that **are not being met**. Action must be taken to achieve compliance.

Regulated activity	Regulation	Outcome
Accommodation for persons who require nursing or personal care	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: People's privacy, dignity and independence were not always respected.	
Diagnostic and screening procedures	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: People's privacy, dignity and independence were not always respected.	
Treatment of disease, disorder or injury	Regulation 17 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 01: Respecting and involving people who use services
	How the regulation is not being met: People's privacy, dignity and independence were not always respected.	
Accommodation for persons who require nursing or personal care	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met:	

	People were not always cared for in a clean, hygienic environment.	
Diagnostic and screening procedures	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: People were not always cared for in a clean, hygienic environment.	
Treatment of disease, disorder or injury	Regulation 12 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 08: Cleanliness and infection control
	How the regulation is not being met: People were not always cared for in a clean, hygienic environment.	
Accommodation for persons who require nursing or personal care	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were not always enough qualified, skilled and experienced staff to meet people's needs.	
Diagnostic and screening procedures	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met: There were not always enough qualified, skilled and experienced staff to meet people's needs.	
Treatment of disease, disorder or injury	Regulation 22 HSCA 2008 (Regulated Activities) Regulations 2010	Outcome 13: Staffing
	How the regulation is not being met:	

	There were not always enough qualified, skilled and experienced staff to meet people's needs.
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The provider must send CQC a report that says what action they are going to take to achieve compliance with these essential standards.

This report is requested under regulation 10(3) of the Health and Social Care Act 2008 (Regulated Activities) Regulations 2010.

The provider's report should be sent to us within 14 days of the date that the final review of compliance report is sent to them.

Where a provider has already sent us a report about any of the above compliance actions, they do not need to include them in any new report sent to us after this review of compliance.

CQC should be informed in writing when these compliance actions are complete.

What is a review of compliance?

By law, providers of certain adult social care and health care services have a legal responsibility to make sure they are meeting essential standards of quality and safety. These are the standards everyone should be able to expect when they receive care.

The Care Quality Commission (CQC) has written guidance about what people who use services should experience when providers are meeting essential standards, called *Guidance about compliance: Essential standards of quality and safety*.

CQC licenses services if they meet essential standards and will constantly monitor whether they continue to do so. We formally review services when we receive information that is of concern and as a result decide we need to check whether a service is still meeting one or more of the essential standards. We also formally review them at least every two years to check whether a service is meeting all of the essential standards in each of their locations. Our reviews include checking all available information and intelligence we hold about a provider. We may seek further information by contacting people who use services, public representative groups and organisations such as other regulators. We may also ask for further information from the provider and carry out a visit with direct observations of care.

Where we judge that providers are not meeting essential standards, we may set compliance actions or take enforcement action:

Compliance actions: These are actions a provider must take so that they **achieve** compliance with the essential standards. We ask them to send us a report that says what they will do to make sure they comply. We monitor the implementation of action plans in these reports and, if necessary, take further action to make sure that essential standards are met.

Enforcement action: These are actions we take using the criminal and/or civil procedures in the Health and Social Care Act 2008 and relevant regulations. These enforcement powers are set out in the law and mean that we can take swift, targeted action where services are failing people.

Information for the reader

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